

12/18/01

1011 U.S. PTO

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 21547/0287	
First Named Inventor or Application Identifier	
Title	METHOD AND APPARATUS FOR PRODUCING ELONGATE SUPPORT ELEMENT AND PRODUCT, AND USE OF THE SUPPORT ELEMENT
Express Mail Label No.	

1011 U.S. PTO
10/020401
12/18/01

APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Box Applications Washington, D.C. 20231			
<p>1. <input checked="" type="checkbox"/> Filing fee as calculated below.</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 14] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages 2]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>			
		ACCOMPANYING APPLICATION PARTS			
		<p>9. <input checked="" type="checkbox"/> Assignment papers (cover sheet & document(s)) SEE NEXT PAGE FOR ASSIGNEE INFORMATION</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p>			
<p>17. Continuing Application, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/423,090</p> <p>Prior application information: Examiner N. Lucchesi Group/Art Unit: 3732</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>					
17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		000030678 (Insert Customer No. or Attach bar code label here)			
		or correspondence address below			
NAME	Connolly Bove Lodge & Hutz LLP				
ADDRESS	Suite 800				
	1990 M Street, N.W.				
CITY	Washington	STATE	DC	ZIP CODE	20036-3425
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229

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		(Col 1)		(Col 2)	(Col 3)	SMALL ENTITY		OR	NON-SMALL ENTITY	
		NO. FILED			NO. EXTRA	RATE	FEE		RATE	FEE
TOTAL	8	minus	20	= 0		x9=	\$		x18=	\$
INDEP	2	minus	3	= 0		x42=	\$		x84=	
_ First Presentation, Multiple Dependent Claims						+140=	\$		+280=	\$
Base Filing Fee							\$370			\$740
Other Fee (specify purpose)							\$			\$
TOTAL FILING FEE* (accounting for possible small entity status)							\$	OR	TOTAL	\$740.00

- ☐ A check in the amount of \$ to cover the filing fee is enclosed.
- ☐ No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **22-0185** as described below. A duplicate copy of this sheet is enclosed.
- ☒ Charge the amount of \$740.00 as filing fee
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 CFR § 1.16
- ☒ Charge any additional filing fees required under 37 CFR § 1.17
- ☒ If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. **22-0185**.

Name (Print/Type)	Patrick J. Wells	Registration No. (Attorney/Agent)	46,355
Signature	Patrick J Wells		Date 12/18/01

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